

SOLID WASTE DISPOSAL AFFIDAVIT

1	isions of MGL c 40, S54, I acknowledge that issued to (insert address)	as a condition
all debris resulting from	m the construction activity governed by this I a property licensed solid waste disposal facil	
MGL c 111, S 150A.		
Name of Permit applicant	(Please Print)	
Telephone Number		
Date	Signature of Permit Applicant	
(Print or Type the following	ng information)	
	Company to Pick-up or facility where disposed	
	Address	
	City, State, Zip Code	
	Telephone number	